Complex Case Panel

Policy & Procedure

April 2021

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Change History

Version	Date	Author	Details of change
V1	09/04/21	A Taylor	Initial draft

Complex Case Panel Policy and Procedures

1. Introduction

The complex case panel has been formulated to support professionals who are working with individuals or parties who present with ongoing multiple needs and increasing risks. The process seeks to deliver an inter-agency flexible and holistic response for residents of Ashfield, where despite the best efforts of services, have been unable to mitigate risk and achieve planned outcomes through standard service provision.

2. Objectives

The aim of the Complex Case Panel is to generate a collaborative multi-agency response that reflects the needs of the individual by:

1. Sharing information to increase the safety, health and wellbeing of all vulnerable persons and individuals at risk including any victims and witnesses of crime and anti-social behaviour.
2. To determine whether an individual displaying behaviours poses a risk to another or to the general community and agree on appropriate measures to be taken to deal with the problem(s);
3. To jointly construct and implement a risk management/action plan that provides professional support to assist professionals in safeguarding vulnerable persons with aim of reducing and/or managing the risk, threat harm and vulnerability posed.
4. To reduce repeat victimisation/targeted behaviour
5. To improve agency/service accountability

3. Criteria

Referrals can be brought to the panel for discussion by managers, practitioners, and clinicians where:

1. A wider reach to manage complex cases with multiple needs exist but have not met the eligibility for formal interventions e.g. MASH / Adult Social Care
2. Where cases have a high degree of multiple need such as; poor mental health, poor self-care, poor housing, unstable tenancy, social exclusion, problems with accessing support, health issues, victimisation by others, ASB, inability to

protect themselves from danger and harm, unhelpful thinking and behaviours and there is no or poor engagement with services.

3. When day to day collaborative working has not resulted in a sufficient reduction of risk to the individual or are not being managed accordingly

4. Factors to Consider

- Serious risk of injury or death e.g. suicidal, self-harming/medicating.
- Abuse (Sexual, Emotional, Physical and Neglect.
- Self-Neglect relating to basic needs and requirements (physical, emotional or medical)
- Matters relating to domestic abuse, hate crime, modern slavery and extremism
- Child Protection / Child Sexual Exploitation
- Mental Capacity
- Financial exploitation
- Substance misuse (including psychoactive substances)
- Protective factors and support network, e.g. family, friends and professionals
- Hostility from local or wider community e.g. victimisation or targeted behaviour
- Known risk to self, public, family, agency workers, etc.
- Previous interventions and safeguarding referrals undertaken by services e.g. MAPPA, Child Protection, Adult Safeguarding, MARAC

5. Written Information

Referring agencies should ensure that the below information is included within the referral form:

- Basic information regarding all parties concerned
- History/background information
- Name of services / professional involved
- Assessment information
- Engagement history
- Barriers to effective case outcomes
- Current risk issues
- Anticipated outcomes of referring to panel

6. Case Responsibility & Governance

The referring agency will continue to act as the lead and present the reason for bringing the case to the panel unless agreed otherwise. The panel does not supersede or take over case responsibility, it remains the responsibility of individual agencies and the referrer to ensure compliance with all relevant legislation and policies.

Individual cases will be recorded via the multi-agency- system ECINS and a formal log of accepted and declined cases will be retained by the Chair/Ashfield District for transparency and auditing purposes.

7. Roles of Members

To safeguard standards of good practice members will ensure:

- All data relating to individuals discussed within the ambit of the meeting is in line with the confidentiality statement and Data Protection Act 2018.
- Referrals to the panel are made within the identified timeframe
- Be prepared to present your case at the panel or
- Another appropriate professional can present the case on your behalf providing they have sufficient knowledge on the details of the case and able to answer any questions the panel may have.
- Undertake case research from their own agencies involvement of the case
- Be solution focused, participate in case discussed and be prepared to take agreed actions on behalf of your agency in timely manner.
- To follow procedures and own organisation policy and feedback on completion of their allocated actions at the following panel meeting

8. Panel Membership `

Panel membership can include but is not restricted to: Chairperson, minute taker, Ashfield District Council Triage, Adult and Children's Social Care, Anti-Social Behaviour and Community Protection Team, Nottinghamshire Police, Probation, Environmental Health, Complex Case Team, Housing, Framework, NHS, Mental Health Team, DWP, Victim Support and any professional connected to the case.

A full list of attendees will be recorded and each meeting which will be distributed as part of the panel minutes. The panel is exclusively for professional attendance and the general public will be prohibited from attending the panel unless agreed otherwise via direct permission from the Chair.

9. Proposed Outcomes

The aim is to decrease risk and increase positive outcomes through:

- Communication and monitoring arrangements
- Forming contingency plans to address possible or known risks
- Identifying and implementing strategies that manage escalating scenarios
- Identify previous and ongoing interventions to reduce service demand
- Allow services to hear the voice of the referred person
- Progress reporting
- Revised care plans

10. Role of the Chair

The role of the chairperson is to:

- Ensure the agenda is distributed to the relevant agencies.
- Decide on the dates of the meetings, ensuring the appropriate agencies are invited and are clear on the agenda.
- Ensure the meetings are kept to the planned agenda and run on time.
- Ensure referral timescales are followed- minimum 2 working days prior to panel.
- Assist in providing supporting documentation to housing, finance etc if required.
- Summarise actions, agency commitment and timeframe
- Ensure adherence to GDPR and all sensitive data is password protected

11. Process

A referral to the panel can be put forward by any agency who is working with an adult who resides within the Ashfield district. All referrals must meet the criteria identified within section 3 and referring agencies must also provide written information in accordance with section 4. All data given within the referral has a legal obligation to comply with the Data Protection Act 2018 and consent from the data subject is sort

unless they can demonstrate a safeguarding or health risk is present, or for the purposes of prevention or detection of crime as also defined under S115 Crime Disorder Act 1998.

Referral forms can be obtained through the Ashfield District Council Website at https://www.ashfield.gov.uk/, and once completed sent via email to mailto:AshfieldCCP@ashfield.gov.uk a minimum of three days before panel goes ahead. Dates of the panel meetings are displayed on the Council's website.

The Chair will release the agenda by no later than two working days prior to the case being heard at panel. Referrals that are lacking information may be returned to the referrer to ascertain further information, the case will then be reconsidered for the next panel meeting.

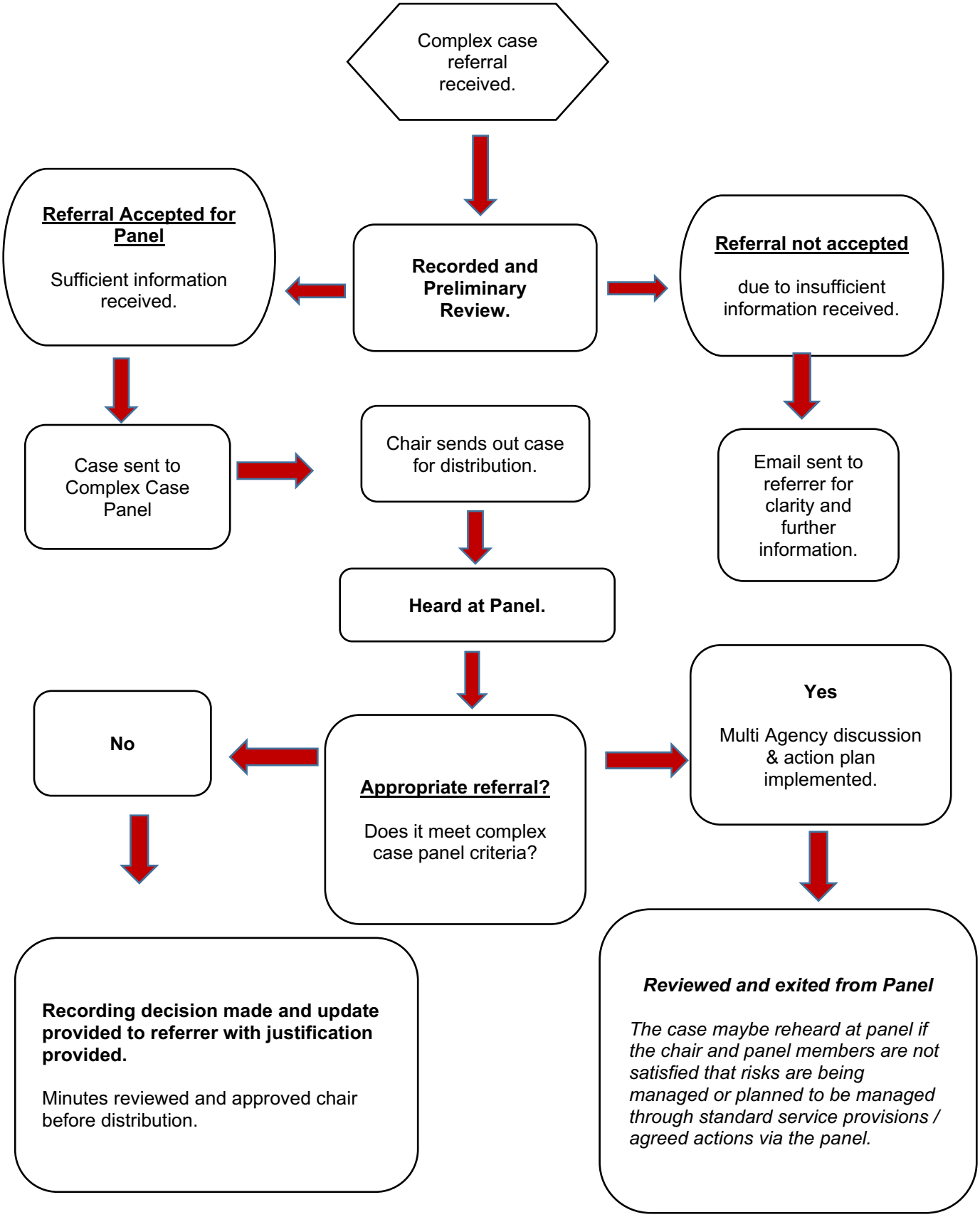
All documentation exchanged between the panel and its members shall be via secure email or password protection. The password will be distributed separately via secure email which will be changed monthly.

Panel meetings will commence by introduction to the chair and panel members that should include name, agency & position. The cases will be heard in the order they appear on the agenda, however referrers can request the case can be brought forward if prior consent has been requested (requests should be made via the mailto:AshfieldCCP@Ashfield.gov.uk). Once the referring agency or professional has presented, the chair will summarise the case and will ask panel members whether it is a suitable referral. If it is agreed not suitable the referrer will be notified and provided with a justification or summary on its decision.

For accepted referrals, panel members will be invited to share their current involvement, care plan and identified concerns. Once all information has been divulged the chair will invite members to engage in identifying and setting actions. At the end of each case discussion the chair will summarise the main concerns relating to the person referred and list the intended action by individual agencies. Where a case has previously been heard at panel the chair will review any previous actions that were set. Actions for appropriate referrals will be recorded and distributed in the Complex Case Panel minutes.

All information relating to persons discussed with be entered onto the partnership system ECINS and distributed to panel members via email in accordance with its data policy.

Appendix 1: Pathway Flowchart


Complex case referral received.
Recorded and Preliminary Review.
Referral Accepted for Panel
Sufficient information received.
Referral not accepted
due to insufficient information received.
Case sent to Complex Case Panel
Chair sends out case for distribution.
Email sent to referrer for clarity and further information.
Heard at Panel.
No
Appropriate referral?
Does it meet complex case panel criteria?
Yes
Multi Agency discussion & action plan implemented.
Recording decision made and update provided to referrer with justification provided.
Minutes reviewed and approved chair before distribution.
Reviewed and exited from Panel
The case maybe reheard at panel if the chair and panel members are not satisfied that risks are being managed or planned to be managed through standard service provisions / agreed actions via the panel.

Appendix 2: Statement of Confidentiality

Complex Case Panel

Statement of Confidentiality

The Statement of Confidentiality for this Partnership Protocol should be read out and agreed by all attending prior to the exchange of any information.

Venue:

Date: **Time:**

Chair:

All information obtained during the course of this meeting is strictly confidential and must not be discussed with, or revealed to, any other person (outside normal case management) without the prior written permission from the source of that information.

The record of this meeting must not be re-presented, copied or divulged in any way without the permission of the Chair of the meeting.

All agencies/services should ensure that the minutes are retained in a confidential and appropriately restricted manner. These minutes will aim to reflect that all individuals who are discussed at these meetings should be treated fairly, with respect and without improper discrimination. In the event of the minutes being considered as relevant material to a criminal investigation under the Criminal Procedures and Investigations Act 1996 they should be classified as 'Sensitive Material'.

Everyone present shall comply with their obligations under the Data Protection Act 2018. Subject access requests under the Data Protection Act should be directed to the Chair of this meeting who will take legal advice on whether the information can be shared.

All present should be signed up to the Data Sharing Protocol unless invited directly by the Chair.

Please read and sign the attached terms which confirm you are authorised to attend this meeting on behalf of your agency and agree to adhere to the:

Terms of Reference:

The purpose of this agreement is to work together with the aim of achieving the objectives of the Partnership Complex Case Panel:

To share information to increase the safety, health and wellbeing of all vulnerable persons and individuals at risk including any victims and witnesses of crime and anti-social behaviour.

To determine whether an individual displaying behaviours poses a risk to another or to the general community and agree on appropriate measures to be taken to deal with the problem(s);

To construct jointly and implement a risk management/action plan that provides professional support to all those at risk of serious harm, injury or death.

To reduce repeat victimisation/targeted behaviour

To improve agency/service accountability

That all plans/actions taken forward are in accordance and constraints of the law.

This agreement is signed with the purpose of preventing unauthorised disclosure of confidential information, as defined and agreed upon by the co-signers.

The parties agree to enter into a confidential relationship with respect to the disclosure of certain proprietary and confidential information.

Terms and Conditions:

Confidential information refers to any information that is disclosed by one party to the other, either directly or indirectly in writing, orally or by inspection of tangible or intangible objects. Confidential information may also refer to any information that is disclosed to a party by third parties on the direction of the party who is a co-signer to this agreement. Confidential information does not include any information that the party receiving the information can prove was known earlier in a public capacity and was made available through no fault of the party receiving the information. The party receiving the information is “the Receiving Party” and the party disclosing the information is “the Disclosing Party”.

The Receiving Party is not to disclose the information to anyone other than the employees required to be privy to this information. The receiving party is not allowed to use the information in a way that violates the confidentiality of the agreement.

The Receiving Party shall use best endeavours to ensure that the confidential information received from the Disclosing Party is protected. All employees who have access to the information will be made to sign a similar non-use and non-disclosure agreement to protect the information. There will be no copies made of the information unless written consent is obtained from the Chairperson.

In the event that the confidential information is disclosed the Receiving Party will immediately inform the Disclosing Party.

Signing of this agreement does not automatically give the parties permission to disclose the information to a third party.

The parties shall comply with their obligations under the Data Protection Act 2018. Each Party warrants that in providing the other Party with information under the terms of this agreement it is not, and will not be in breach of the Data Protection provisions and all subordinate legislation relating to the Data Protection principles.

The formation, interpretation and operation of this agreement will be subject to English Law and the Parties each submit to the exclusive jurisdiction of the English Courts.

Declaration

Attendee name (print):

Attendee signature:

Date:

Appendix 2: Referral Form

Complex Case Panel

Referral Form

Person Details	
Name:	
DOB:	
Gender:	
Address:	
Tel:	
Housing Status:	(Private, Council, Owner occupier, H.A, NFA).
Additional Needs:	(Language, disability, age).
Consent given for referral and share sensitive data? Signature provided from person to confirm consent	Yes / No Date consent obtained: If verbal, who obtained consent:

Mark the appropriate box that applies to this case and / or reason for referral without consent.	
Adult Safeguarding	☐
Child Safeguarding	☐
Prevent and Detection of Crime/ASB	☐
Risk of eviction / currently homeless	☐
Mental Capacity / Mental Health	☐
Substance Misuse	☐
Domestic Abuse	☐
Risk of death and/or injury	☐
Please specify concerns: (Hate Crime / CSE / Repeat Victimisation)	
Agency/Professional Involvement List of services / professionals you have contacted as a result of this information and or services currently involved. **Including names and contact details** (Police, MASH, Social Care)	

Referring Service:

Professional's Name:

Professional's Tel & Email:

Date of Referral:

Reasons For Referral: Provide available information, including all known safeguarding and vulnerability matters, associated risks and specific reports and incident/case numbers relating to the referral. Please note all issues and what support has been offered. Also results of any referrals made previously.
Please specify.